Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09/06/2012	Address:	627 EASTERN AVE.
Incident #:	12ISPC005366		SUNMAN, IN
County:	RIPLEY		47041
Type of La	boratory Scizure (check one)	Seizure Location	(check all that apply)
☑ Operation☑ Chemica☑ Dumpsit	d/Glassware/Equipment (only)	✓ Residence✓ Outbuilding✓ Vehicle	☐ Hotel/Motel☑ Open No Structure☐ Other:
(check all th	i d: Location (bedroom, kitchen, open ai at apply) /Ammonia Reaction(s): <u>HOUSE</u>	r, etc)	
[[] Red Pho	sphorous/Iodine Reaction(s):		
☐ Flammable Solvents: HOUSE			
⊠ Water R	eactive Metal (Lithium): HOUSE		
	nloric Acid Gas Generator(s): <u>HOUS</u>	<u>E</u>	
Anhydro	ous Ammonia:		
Corrosix	e Acid: <u>HOUSE</u>		
Corrosiv	ve Base; <u>HOUSE</u>		
Other (it	tem and location):HOU <u>SE</u>		
Yes No Children Living cond Estimated k	r age 18 discovered (check appropriat (number present) not present but evidence they reside litions of home: clean disarray ength of time manufacturing had been information:	or visit often ⊠ unelean	
This report	has been faxed* to the following a	geneics that serve	the location:
Health Depa	ment: <u>S.V.F.D</u> artment: <u>R.C.H.D.</u> of Child Services: <u>R.C. OFC</u>	Гах: <u>Е-М</u> Гах: <u>Е-М</u> Гах: <u>Е-М</u>	<u>íAIL</u>
	information regarding this methamph g Officer: HOWA <u>RD AYERS</u> Pho	etamine laboratory, ne <u>317.234.4591</u>	contact

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services fisted within 24 hours of scene processing.